

Operation Rebound: Helping Students Who Experience Psychological Trauma

**Satellite Conference
Monday, October 17, 2005
9:00 a.m. - 12:00 Noon (Central Time)**

**Produced by the Alabama Department of Public Health
Video Communications Division**

Faculty

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Program Objectives

- Define the features and frequency of psychological responses to trauma.
- Describe common responses to psychological trauma in preschoolers, children and adolescents.
- Distinguish normal from abnormal responses to trauma.

Program Objectives

- Describe common interventions used to help children and adolescents experiencing trauma related stress.
- Define resources available to assist educators with students who demonstrate abnormal stress reactions.
- Outline role of family stress in worsening the symptoms of trauma in children.

Our Vision for Helping Children

Ronda N. Waltman Ed.S

HK Kids Project Program Goals

1. Connect children and families with needed services in an efficient and effective manner.
2. Promote academic success by removing barriers to learning for affected children.

Disaster Responses and Grief Reactions

Vaughn S. Millner, Ph.D., LPC, NCC
University of South Alabama



Objectives

1. Identify differences between trauma and disaster
2. Identify symptoms of stress in students after a disaster
3. Acknowledge that childrens' developmental stages impact how they respond to disaster
4. Recognize stages of disaster recovery
5. Describe grief responses to disaster

USA and MCPSS CD Response: "Transcending Trauma After the Disaster: A Guide for Schools"

- Enrichment activities
- Medical health issues
- Stress management
- Care for the professional helper
- Handouts
- Resources

Disaster

- Natural or man-made event
- Severe and large
- Requires coordinated effort

Disaster vs. Trauma

- Disasters exceed resources
- Trauma needs are addressed locally

Who is Impacted by a Disaster?

- Anyone who has seen it
- Two Types:
 1. Individual disaster trauma
 2. Collective disaster trauma

Factors Influencing Impact of Disasters

- Health
- Social and cultural
- Demographics
- Past history

Grief Reactions to Disaster

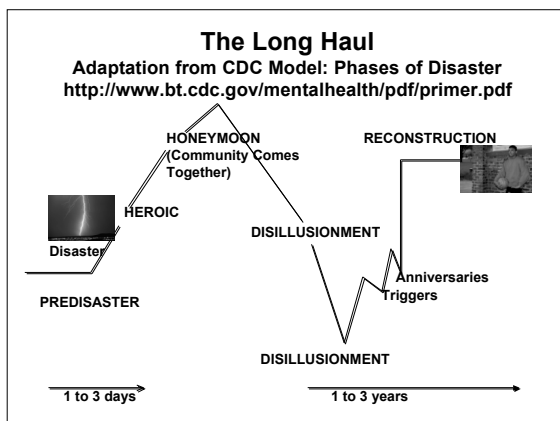
- Most people function well
- With disaster, many show emotional and psychological strain
- Grief responses such as sadness and anger are normal
- Survivors and helpers experience the symptoms

Losses

- Loved ones
- Homes
- Possessions
- Pets
- Hopes
- Dreams
- Assumptions about life

Psychological Stages of a Disaster

- Heroic
- Honeymoon
- Disillusionment
- Reconstruction



We Can Do This!

Ask not "Why can't I?"
Ask "How can we?"

~Floyd, R. T.

Helping Students

- Learn about symptoms
- Obtain referral sources
- Normalize their concerns and fears
- Listen

Vulnerability

- Children are particularly vulnerable to uncertainty and destruction.
- Children with special needs are even more vulnerable.

Biochemistry of Trauma Event

Brain triggers fear

= Greater alertness or mental clarity

= Greater physical reaction/stamina

Typical Stress Reactions

Emotions	Cognitions	Physical	Interpersonal Problems
<ul style="list-style-type: none"> • Anger (feeling on-edge, irritable) • Shock • Blame • Guilt • Grief or sadness • Feeling numb 	<ul style="list-style-type: none"> • Inability to concentrate • Inability to make decisions • Difficulty with memory • Confusion • Nightmares 	<ul style="list-style-type: none"> • Tired • Insomnia • Cardiovascular strain • Headaches • Stomach problems • Vulnerability to illness 	<ul style="list-style-type: none"> • Social withdrawal • Distrust • Blaming others • Reduced intimacy

Consider How the Trauma Impacts Developmental Stages

- | | | |
|--|---|--|
| • Preschooler Initiative vs Guilt | ⇒ | • Encourage positive behavior |
| • School-Age Child Industry vs Inferiority | ⇒ | • Remind of prior skills |
| • Adolescent Identity vs Role | ⇒ | • Talk about what people ARE doing |
| • Young Adult Intimacy vs Isolation | ⇒ | • Discuss importance of connecting with others |

What To Do

- Spend time with them.
- Hug them.
- Give them hope.

Prevention of Long Term Problems Involve

- Talking about the experience
- Providing information about normal reactions
- Providing ways to handle the reactions
- Attending to early trauma symptoms

Symptoms Likely to Increase or Change Over Time

- Children returning to ruin will be newly traumatized
- Long process of recovery can be exhausting
- Could last for 1 to 3 years

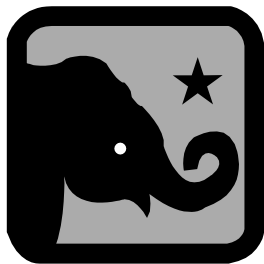
Look for More Severe Reactions

- Overwhelming nervousness
- Sadness that does not go away
- Continuous outbursts
- Preoccupation with traumatic event
- Extreme withdrawal
- Any other signs of intense anxiety or emotional disturbance

Disaster Mental Health Response

- Active listening
- Know when to refer
- Help find hope; cognitive reframing
- Attend to feelings
- Assess suicide risk
- Disaster-related activities

Identify the Elephant in the Room



Summary

- A disaster requires a coordinated community effort. WE can do it!
- Grief reactions to disaster are normal and need to be expressed.
- Psychologically, disaster recovery could take from 1- 3 years.
- Age impacts how children and adolescents are impacted by trauma.
- Listen.
- Help provide hope.

Health Issues Post Hurricane Katrina

**Wanda Hannon RN, MSN, CNS
Supervisor Health Services
Mobile County Public Schools**

Objectives

- Identify environmental issues that may cause health concerns
- Explain how chronic disease may exacerbate following traumatic events

Objectives

- Identify the seriousness of people suffering from signs and symptoms of psychosomatic illnesses, diseases related to stress, immune deficiencies and other disaster related events
- Relate undated communicable disease information to others
- Offer prevention information and resources available to hurricane victims

Environmental Issues

- Accidents
- Water – flood, drinking, bathing, washing clothes
- Mold – contact, breathing
- Disease contamination
- Shelter disease

Disease Exacerbations

- Respiratory problems
 - Asthma, bronchitis, etc.
- Stomachaches
- Opportunist infections
- Headaches
- Mental - emotional
- Chronic illnesses
 - Diabetes
 - Crohn's Disease
 - Dialysis
 - Sleep apnea

Self Regulated Diseases Processes

- Stress
- Increase psychosomatic illnesses
 - Stomachache
 - Headache
 - General malaise
- Auto immune diseases
- Decrease immune system

Updated Disease Reports September 23, 2005

- 34 Vibrio illnesses - 6 deaths post Katrina
- Several carbon monoxide deaths
- Many fecal oral contaminations
- Many upper respiratory infections
- Many chainsaw accidents
- Many abrasions, contusions, bruises, etc.

Prevention

- Hand washing
- Cleanliness - disinfecting-mold/mildew
- Stress relieving – routines, sleeping, eating, resting, drinking plenty of water
- Seek medical help immediately
- Talk with someone who cares – listen to someone who needs you

Summary

- The aftermath of disasters often exacerbates or brings on many health concerns. Environmental conditions, lack of medical care and the disruption of lives including homes, jobs, schools and communities all play a part of where a person lies on the continuum of health.

Resources

- www.cdc.gov
- <http://www.hhs.gov/katrina/>
- http://www.fema.gov/press/2005/resources_katrina.shtm
- <http://smhp.psych.ucla.edu/>
- <http://nasn.org/>
- Mental health provider
- Public health department
- Your local school nurse

Cultural Sensitivity: Advocacy After the Dust Settles

Monica Hunter, Ph.D.
University of South Alabama

Objectives

- Understand the impact of the disaster on families from diverse backgrounds.
- Describe the characteristics of some families from diverse backgrounds, specifically from the Asian and Hispanic cultures, that are essential to the helping process.

Objectives

- Recognize the importance of advocacy in assisting children and their families.
- Identify ways professionals can demonstrate cultural sensitivity with families that have experienced trauma.

Summary

- It is important to include the families of the children you assist.
- Building rapport is key to becoming an advocate for children and their families.
- Combine your knowledge of characteristics of families from diverse backgrounds with your genuine concern to put advocacy into action.

Summary

- Address the physical needs first.
- Treat the children and families in need with the dignity you would demonstrate a loved one in your family.

Removing Learning Barriers Through Interventions and Enrichments

Cathy O'Keefe, M.Ed., CTRS
University of South Alabama

Objectives

- Describe the importance of allowing children and adolescents to express their thoughts and feelings after a disaster.
- Identify and share ready-to-use activities and lesson plans related to stress and disaster.

Objectives

- Provide information to parents, staff, and administration about disaster help, resources, talking with children and adolescents, resolving fear, frustration, anger and grief.
- Relate disaster recovery efforts to personal and academic success of students.

Summary

- We must be committed to learning all we can about grief and loss, being open to ideas not only from professional sources but from the experiences of our students, families, colleagues, and community members.

Summary

- The suffering of many families is unprecedented in scope of financial and material loss, stress and confusion; any kindness or extra effort that we provide may be perceived as Herculean and met with extraordinary gratitude. But any lack of kindness, rigidity, or failure to listen will be perceived as cruel or horrific, and the result will be additional reactions of anger and grief than can prolong the recovery process.

Summary

- Activity that promotes healthy, self-expression, social bonding, emotional assurance, and physical well-being is as vital a part of the educational experience as the curriculum and must be woven into the students' daily lives.

Summary

- Making meaning of life's experiences is, in and of itself, therapeutic. Our efforts must lead to a future time when each family's story contains as much evidence of resiliency as suffering.
- We must understand the breadth of the challenge.

Trauma, Stress and Recovery following Katrina and other Disasters

**Dr. Joseph Law
University of South Alabama**

Objectives

- Learn the importance of differentiating between the different levels, stressors and emotions associated with traumatic events and stressors.
- Discuss the importance of a child or adolescent's observations, generalizations and causal attributions about themselves, other people, and the world following trauma.

Objectives

- Identify the formal signs and symptoms of incomplete recovery following a disaster (e.g., anxiety, depression, behavioral problems, post traumatic stress).

Objectives

- Increase awareness of each responder's role in the life of the child or adolescent.
- Recognize the uniqueness of each person's response to life stress so that interventions can be tailored to individual needs at different points in the recovery process (i.e., learn to avoid the "group intervention cookie cutter" approach).

Summary

- There are different levels of trauma. The primary level is the initial fear inducing events such as a hurricane. The secondary level follows with a more insidious, less obvious secondary traumatization when the person faces privation, hunger, thirst, loss of shelter and sometimes abuse by others in the aftermath of an event. The tertiary trauma involves the longer aftermath period in which the person gets lost in the sea of humanity—all in need and being sent hither and yonder by authority figures.

Summary

- In a period of uncertainty and loss of the usual comforts some people find strength and faith, others make faulty generalizations about themselves and others (e.g., "no one can be trusted", "I am never safe" etc.). Some will develop outright psychological symptoms and require different levels and durations of intervention.

Summary

- Teachers, counselors, social workers, psychologists, school administrators, physicians and parents all have a role to play in helping children and adolescents complete the recovery process.

Case Management and Community Resources

**Maggie Posey, LPC
Mobile Mental Health**

Objectives

- Define the role of community mental health in the disaster recovery efforts.
- Discuss crisis counseling concept as defined by FEMA and other mental health counseling programs/resources either created or adapted to better serve disaster survivors.
- Identify community partnerships as a model to more efficiently attend to the needs of disaster survivors.

Crisis Counseling FEMA/Center for Mental Health Services (Project Rebound)

What is the purpose?

- Provides for direct mental health services for survivors of major disaster.
- Authority for crisis counseling.
- The Stafford Act authorizes funds for mental health services after a Presidential declared disaster.
- Types of counseling programs.
- Immediate services (1 to 60 days).
- Regular services (9 months).

Crisis Counseling Rebound

Crisis Counseling Staff:

- Master's and Bachelor's in a mental health related field.

Where are the services provided?

- Disaster Relief Centers
- Shelters
- Schools
- Churches
- Community meetings
- Disaster affected neighborhoods

Range of Crisis Counseling Services Rebound

- Psychological first aid
- Assessment of strengths, adaptation and coping skills
- Seeks to restore pre-disaster functioning
- Psycho-educational focus
- Brief intervention
- Outreach
- Monitoring for purposes of referrals
- Individual and group counseling
- Information and referral
- Public education

Crisis Counseling Interventions Rebound

- Emotional support and normalization of experiences
- Outreach
- Supportive listening
- Promotion of resiliency
- Education about disaster stress
- Community meetings
- Information and referral

Crisis Counseling Rebound

Current services delivered in the Mobile County Public School System:

- Partnership with school social workers in outreach effort.
- Participation in PTSA meetings for parent/family support.
- Staff debriefings and self care.
- Group and individual child/adolescent activities.

Mental Health Services

- Referrals from rebound and community agencies
- Psychosocial assessment
- Individualized treatment planning
- Individual therapy
- Family therapy
- Group therapy
- Mental health consultation
- Psychiatric evaluation and medication monitoring
- Case management

Case Management Within Mental Health System

Focus:

- Mental illness recovery
- Outreach services
- Needs assessment
- Linkage with needed services
- Advocacy
- Monitoring
- Crisis intervention
- Long term care

Rainbows After The Storm

Partnership between Mobile Mental Health and Child Advocacy Center: Disaster related trauma counseling focusing on restoring safety, expression of feelings and anxiety reduction.

- Individual therapy
- Group therapy
- Family support and education
- Expressive therapies such as art, play and dance

Coordination of Community Services

- Disaster response and recovery efforts include partnerships between state and the following:
- FEMA
- Community mental health services
- Voluntary Organizations Active in Disaster Recovery (VOADS)
- Local agencies
- Community stakeholders

Coordination of Community Services

- Purpose:
- Create a “seamless system”
- Support other agencies’ activities
- Utilize other agencies’ expertise and resources
- Open communication and information exchange
- Training
- Joint planning and response
- Integration, not duplication of services

Community Disaster Response Model

- Community agencies meeting (MCPSS, MCDA, MMHC, CAC, DHR, USA, Volunteer Mobile, Faith Based Organizations)
- Assess training needs
- Service coordination
- Data sharing
- Model development
- Crisis counseling

Care for the Caregiver: Staying Sane in the Midst of Insanity

Jayne Carson, MS, NCC
Helping Families Initiative

Objectives

- Identify the physical, emotional, and behavioral symptoms of compassion stress and compassion fatigue.
- Develop a strategy for self-care.

Caregiver Stress

- Contacting and working with disaster survivors is inherently stressful and may lead to caregiver distress.
- Understanding the effects of this distress increases the ability to help and decreases the chance of doing harm.

By any other name...

- Burnout
- Secondary traumatic stress
- Compassion stress
- Compassion fatigue
- Vicarious traumatization

Many Areas of Functioning May Be Affected by Compassion Fatigue

- Cognitive functions
- Physical health
- Emotional well-being
- Behavior
- Interpersonal relations
- Work related issues
- Spirituality

Cognitive Dysfunction

- Lowered concentration
- Apathy
- Black and white thinking
- Perfectionism
- Disorientation, especially time
- Preoccupation with events

Physical Symptoms

- Fatigue
- Physical depletion/exhaustion
- Sleep difficulties
- Impaired immune system functioning
- Shallow breathing
- Somatic complaints
 - Headaches
 - Joint/muscle pain
 - Increased heart rate
 - Gastric distress
 - Dizziness
 - Intensified pre-existing medical conditions

Emotional Well-Being

- Feelings of:
 - Powerlessness
 - Guilt/survivor guilt
 - Anger
 - Sadness
 - Depression
 - Heightened sensitivity

Behavior

- Moody
- Impatient
- Hyper vigilance
- Accident prone
- Losing things
- Increase in addictive behaviors

Interpersonal Relations

- Withdrawal
- Increase in conflicts
- Decreased interest in intimacy
- Overprotective of spouse/children
- Projected blame
- Loneliness

Work Related Issues

- Low morale
- Task avoidance
- Obsession with details
- Negativity
- Detachment
- Absenteeism
- Poor work quality

Spirituality

- Questioning the meaning of life
- Loss of purpose
- Anger at God
- Questioning religious beliefs
- Skepticism

Planning Ahead - Depleters

- Caffeine
- Nicotine
- High sugar/high fat foods
- Eating for comfort
- Alcohol
- Isolation
- Avoidance
- Eating alone or on the run
- Compulsive buying
- Gambling
- Sexual acting out
- Workaholism

Planning Ahead - Replenishers

- Storytelling
- Hearing other's healing stories
- Music
- Meditation/prayer
- Guided imagery
- Massage
- Journaling
- Exercise
- Healthy diet
- Positive hobbies
- Accountability with healthy friends
- Relationship time
- Deep breathing

Compassion Satisfaction

- Sense of strength
- Self-knowledge
- Confidence
- Sense of meaning
- Spiritual connection
- Respect for human resiliency

Summary

- Contacting and working with disaster survivors is stressful and may lead to the caregiver becoming distressed.
- Knowledge about the stress response increases our ability to help and decreases the chance of doing harm.

Summary

- The stress caused by working with disaster survivors is known by many different names: burnout, secondary traumatic stress, compassion stress, compassion fatigue, vicarious traumatization.

Summary

- Compassion stress affects the caregiver physically, emotionally, behaviorally and even spiritually.
- A plan of self care can ameliorate the effects of prolonged exposure.
- On the other hand, the work can lead to "Compassion Satisfaction."